STATE OF TEXAS §
§ KNOW ALL BY THESE PRESENTS:
COUNTY OF FORT BEND §

FIFTH AMENDMENT TO AGREEMENT FOR TRANSPORTATION SERVICES WITH FORT BEND SENIORS

THIS FIFTH AMENDMENT is made and entered into by and between Fort Bend County ("County"), a body corporate and politic under the laws of the State of Texas, and Fort Bend Seniors Meals on Wheels & Much, Much, More ("FBS").

WHEREAS, the parties have executed and accepted that certain Agreement for Transportation Services with Fort Bend Seniors (the "Agreement"), on or about January 29, 2019, and as amended on August 25, 2020, March 2, 2021, March 8, 2022, and October 25, 2022; and

WHEREAS, the following changes are incorporated as if a part of the original Agreement incorporated by reference in the same as if fully set forth verbatim herein;

NOW, THEREFORE, the parties do mutually agree as follows:

 The rates described in the Scope of Services shall be increased as described in the attached Exhibit A "Rate Schedule".

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified shall remain in full force and effect. If there is a conflict between this Fourth Amendment and the Agreement, the provisions of this Fourth Amendment shall prevail regarding the conflict.

{Execution Page Follows} {Remainder Intentionally Left Blank} IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY

KP George, County Judge

Authorized Agent Signature

Authorized Agent Printed Name

ATTEST:

Authorized Agent Printed Name

7-3-2024

Date

EXHIBIT A: RATE SCHEDULE

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EXHIBIT A

EXHIBIT A RATE SCHEDULE

Fort Bend Seniors Meals on Wheels shall pay to the County:

- 1. \$76.09 per hour for services provided in vehicles owned by the County and
- 2. \$76.09 per hour for services provided in vehicles owned by the County's Contractor.

Fort Bend County will notify FBS Meals on Wheels of any rate increases within five (5) business days of any changes.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

L					1 of 1	
Γ	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
L	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1182139		
	Fort Bend Seniors Meals on Wheels					
2	Rosenberg, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 06/28/2024		
٢	being filed.	eing filed.				
	ort Bend County			Date Acknowledged: 07/25/2024		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.					
	13538					
	Transportation Services					
4	Name of Interested Party	City, State, Country (place of busine		Nature of interest (check applicable)		
	Name of Interested Party City, State, Country (place of busi			Controlling Intermediary		
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-						
H						
L						
_						
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is	, aı	nd my date of bi	irth is	<u> </u>	
	My address is					
	(street)	(city)	(stat	te) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty	, State of	, on the	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of contracting business entity (Declarant)				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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